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Attorneys for Plaintiff

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

LYNN TRAVERS,

Plaintiff,

vs.

ALLIED COLLECTION SERVICES, INC.;
GRANT & WEBER, INC.; EXPERIAN
INFORMATION SOLUTIONS, INC., SILVER
STATE SCHOOLS CREDIT UNION, AND
WELLS FARGO HOME MORTGAGE,

Defendant

Case No.: 2:16-CV-1848-RFB-PAL

**NOTICE OF SUGGESTION OF DEATH
PURSUANT TO FRCP 25**

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NOTICE OF SUGGESTION OF DEATH PURSUANT TO FRCP 25

1 Pursuant to Federal Rule of Civil Procedure 25, counsel for Plaintiff Lynn Travers files a
2 suggestion of death. Plaintiff's counsel was advised of the fact that Plaintiff had passed away on
3 Monday, March 19, and on Thursday, March 22 was provided with a copy of a death certificate
4 attached at **Exhibit 1**. Plaintiff's counsel are in the process of arranging a substitution of a real
5 party in interest pursuant to FRCP 25 and request 90 days from today's date to file an
6 appropriate motion to substitute.
7

8 Dated this 22nd day of March, 2018.
9

10 /s/ Miles N. Clark

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Email: dkrieger@hainesandkrieger.com

24 **IT IS SO ORDERED** this 30th day of
25 March, 2018.

26 
27 Peggy A. Leen
28 United States Magistrate Judge

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/s/ Miles N. Clark
KNEPPER & CLARK LLC

EXHIBIT 1

DEATH CERTIFICATE FOR LYNN TRAVERS

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

CASE FILE NO. 4000852

2018002030
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

| | | | | | |
|---|--|--|--|---|---|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lynn Dolores TRAVERS | | 2. DATE OF DEATH (Mo/Day/Year) January 24, 2018 | | 3a. COUNTY OF DEATH Clark | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Henderson | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Henderson Hospital | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 66 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 18 | |
| 13. SOCIAL SECURITY NUMBER 530-38-5903 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Guidance Counselor | | 14b. KIND OF BUSINESS OR INDUSTRY Education | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Clark | | 15c. CITY, TOWN OR LOCATION Henderson | |
| 15d. STREET AND NUMBER 240 Honeywood Street | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 8. DATE OF BIRTH (Mo/Day/Yr) December 11, 1951 | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Francis James TRAVERS | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Donna WATROUS | | | |
| 18a. INFORMANT- NAME (Type or Print) Toni GOZ | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 240 Honeywood Street Henderson, Nevada 89074 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Palm Crematory | | 19c. LOCATION City or Town State Las Vegas Nevada 89101 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NAOMI VALDEZ SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD896 | | 20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123 | |
| TRADE CALL - NAME AND ADDRESS | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED BASSAM SAID ALLOWIR MD | | 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) February 01, 2018 | | 21c. HOUR OF DEATH 21:57 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| 22e. PRONOUNCED DEAD AT (Hour) | | | | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Bassam Said Allowir MD 10120 S Eastern Ave Henderson, NV 89052 | | | | | 23b. LICENSE NUMBER 10605 |
| 24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 01, 2018 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF (b) Septic Shock DUE TO, OR AS A CONSEQUENCE OF (c) Pneumonia DUE TO, OR AS A CONSEQUENCE OF (d) Chronic Obstructive Pulmonary Disease | | | | | Interval between onset and death |
| PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Rheumatoid Arthritis | | | | | 26. AUTOPSY (Specify Yes or No) No |
| 28a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 28d. DESCRIBE HOW INJURY OCCURRED | | | | | |
| 28e. INJURY AT WORK (Specify Yes or No) | | 28f. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) | | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | |

LOCAL REGISTRAR

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR
OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District
from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED:

FEB 02 2018

Registrar of Vital Statistics
By: *Mary Wilson*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





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